

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 1:14-CR-10356-WGY
DEFENDANT ROBERT H. BRAY		TYPE OF PROCESS Preliminary Order of Forfeiture
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Middlesex South Registry of Deeds	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 208 Cambridge Street, Cambridge, MA. 02141	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 1
Eve A. Piemonte, AUSA United States Attorney's Office 1 Courthouse Way, Suite 9200 Boston, MA. 02210		Number of parties to be served in this case 1
		Check for service on U.S.A. 1

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Please record the attached Preliminary Order of Forfeiture with the registry of deeds against the property detailed in the Order. Please contact paralegal Heather Stoeger at 617-748-3306 once recorded and provide copy of recorded document to AUSA Piemonte.

~~17-FBI-XXXXXX~~ EAP/has x3306

17-FBI-004981

Signature of Attorney other Originator requesting service on behalf of: <i>E. Piemonte/has</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 617-748-3100	DATE 8/11/17
---	---	----------------------------------	-----------------

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <u>8/14/17</u>
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date <u>8-14-17</u>	Time <u>1:21</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy <i>[Signature]</i>	
Service Fee <u>65.-</u>	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>

REMARKS: Bk 69766, Pg. 398

①

### DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED